1. A. Name of person completing report (please print): _____

   B. Position: _____ C. District: _____

   Please answer all questions with information that is *current* as of *June 2008*. See page 9 for additional instructions.

Section I: Annual Data

Special Health Care Needs

Special health care needs: Children who have, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition.   These children have conditions which:

- cause limitation in function, activity, or social role, or
- cause dependency on medication, special diet, medical technology, assistive device or personal assistance, or
- *require health and related services of a type or amount beyond those required by children generally*.

(Definition from the federal Bureau of Maternal and Child Health)

Examples: Peanut allergies; insect allergies requiring medication, migraine headaches, severe vision impairment.

Do not count: Regular (non-migraine) headaches, students who wear eyeglasses.

2. Number of students with a diagnosis in each *special health care needs (SHCN)* category below.

Please try to count ALL of the SHCN students in your district so that the data will fairly represent the make-up of your district (Do not enter data below if you do not have information on at least 75% of the students in your district).

I. Physical/Developmental Condition			
Allergies:		Celiac Disease	
Bee Sting Allergies		Cystic Fibrosis	
Food Allergies		Diabetes Type I	
Latex Allergies		Diabetes Type II	
Asthma		Inflammatory Bowel Disease (IBS, Crohn's, etc)	
Autoimmune Disorders (Arthritis, Lupus, etc.)		Migraine Headaches	
Blood Dyscrasias:		Neurologic Conditions:	
Hemophilia		Cerebral Palsy	
Sickle Cell Trait		Spina Bifida	
Other Blood Dyscrasias		Seizure Disorder	
Cancer		Neuromuscular Degenerative Disorder	
Cardiac Conditions		Other Physical/ Developmental conditions	
II. Behavioral/Emotional Conditions			
ADHD/ADD		Eating Disorders	
Autism		Other Behavioral/Emotional conditions	
Depression			

3. Total number of students with *special health care needs:* _____
      (Count students with multiple "special health care needs" only once.)

4. Total number of students with Individualized Health Care Plans (IHCPs): _____

5. Number of students with 504 plans on file: _____
6. Number of students with *Massachusetts Asthma Action Plans* on file: _____

7. Number of students with do-not-resuscitate (DNR) orders on file: _____

Student Demographics

8. Number of students who visited the health room at least once this school year: _____

(Enter the number of individuals who made one or more visits, not the number of visits. Do not count any student more than once!
This is used to calculate the % of the student population that used health services. Do not include students who visited only for routine
screenings.)

9. Number of students with the following types of health insurance (Please do not leave any data spaces *blank.*):

	Private	Public*	No Insurance	Unknown
# of Students:				

* E.g., Mass Health, Children's Medical Security Plan.

Health Screenings and Exams

10. Does your district *currently* have a waiver approved by MDPH?
    ❒ Yes   ❒ No

11. Number of student health screenings conducted during the *just-completed* school year.

TYPE OF SCREENING	Initial Screens	Re-Screens	Referrals	Completed Referrals
A. Hearing				
B. Height/Weight				
E. Postural				
F. Vision				

12. Body Mass Index (BMI) Percentiles*****
- Enter the number of students in each weight category, using the table below.
- Only include current BMI data in the table (i.e., use heights & weights obtained during the just-completed school year).
- Please try to include ALL of the students in a given grade level so that the data will fairly represent the students in that grade (Do not enter data for a grade level if you do not have current data for at least 75% of students in that grade).
- If you only have resources to provide current data for one grade, please provide data for Grade 4.

		BMI Category			
		$< 5^{th}$ percentile	$\geq$ 5th percentile and < 85th percentile	$\geq 85^{th}$ percentile but $< 95^{th}$ percentile	$\geq 95^{th}$ percentile
Grade	Gender	Underweight	Normal range	At risk of overweight	Overweight
Grade 1	Male				
	Female				
Grade 4	Male				
	Female				
Grade 7	Male				
	Female				
Grade 10	Male				
	Female				

 * BMI percentiles are based on age and gender, using standards established by CDC.

13. Number of physical exams performed by school physicians during *just-completed* school year: _____

14. Number of students who received oral health screenings.

A. Screened by School Nurse	B. Screened by Dentist or Dental Hygienist	C. Referrals	D. Completed Referrals

15.   Of the students screened in Question 14, how many were in 3rd grade?   _____

16.   Number of students who had dental sealants applied in school: _____

17.   Number of students who had fluoride rinse treatment in school: _____

Tobacco Prevention/Cessation

18.   Number of *individual students and adults* who received tobacco prevention/cessation services, and total number of *group meetings* or *individual counseling sessions* held:

	Group Programs				Individual Services	
	Cessation Groups*		Prevention Ed Groups**			
	Led by Nurses	Led by Others	Led by Nurses	Led by Others	Individual Counseling	Referrals for Services
Adult Participants						
Student Participants						
Group Meetings						
Individual Sessions						

E.g., TAP   ** *E.g., TEG.*

"Led by Others" means groups led by health aides, teachers, and other non-nursing staff.

Student Health Surveys

19.   Which health surveys or needs assessments does your district administer to the student population on a regular basis (at least once every 3 years)?

(Check ALL that apply):
☐   Youth Risk Behavior Survey (or a local version in which at least 50% of the standard questions are included)
☐   American Alcohol and Drug Survey
☐   Other (please describe:_____
☐   No student health surveys or needs assessments are conducted on a regular basis

Section II: Health Services Staff

1. Number of *currently filled* health services Full Time Equivalents (FTEs) by "type of position" and "funding source."

- *Do not count individuals*; count only FTEs. Include part-time positions as fractional FTEs (i.e., add ".5" for a half-time or ".25" for a quarter-time position) when calculating the FTE total.

- For positions funded by 2 or more sources, split the FTEs according to the proportion of funding supplied by each source (For example, if a School Nurse FTE is funded ¾ by the School Budget and ¼ by the Essential (ESHS) Contract, in the "School Nurse" row one would allocate ".75" to the "School Budget" column and ".25" to the "ESHS Contract" column.)

- For positions split between 2 or more roles, split the FTE correspondingly. For example, if the Nurse Leader is expected to serve as Nurse Leader ¼ of the time and as School Nurse ¾ of the time, allocate ".75" to "School Nurse" and ".25" to "Nurse Leader". If there is a *full-time* Nurse Leader, there should be 1 FTE allocated to the "Nurse Leader" row, regardless of funding mechanism.

- Do not count health educators or volunteers; provide information on physicians on the following page.

Type of Position	Number of Currently Filled FTEs Funded By:			
	Board of Health	Contractual	ESHS Contract	School Budget
Registered Nurses				
A. Nurse Leader				
B. School Nurse (<u>RNs only</u>)				
C. Nurse Practitioner				
D. Permanent Substitute Nurse				
E. "Float" Nurse				
F. Psychiatric Nurse				
G. Special Education Nurse				
H Other RNs:_____				
Nursing Support Staff (not RNs)				
I. Licensed Practical Nurse				
J. Health Aide				
K. Other: _____				
Specialists				
L. Adjustment or At-risk counselor				
M. Audiologist				
N. Clinical Psychologist				
O. Crisis Response Specialist				
P. Dental Assistant				
Q. Dental Hygienist				
R. Nutritionist				
S. Occupational Therapist				
T. Physical Therapist				
U. Speech / Language Therapist				
V. Technician				
W Other: _____				
Administrative Support				
X. Admin. Assistant or Secretary				
Y. Data Entry Staff				
Other				
AA. Grant Manager / Facilitator				
BA. Director, Public Health Services				
CA. Other: _____				

2A. School physician hours:
Approximately how many *hours of service per year* do school physicians provide to your district? _____ Hours
<div align="center">(if the district does not have a school physician, write "0" hours)</div>

2B. Who funds your school physician?
    ☐ Board of Health   ☐ Contractual   ☐ ESHS Contract   ☐ School Budget

2C. School physician (MD) specialties (check *all* that apply):
☐ Adolescent health   ☐ Orthopedics
☐ Anesthesiology   ☐ Pediatrics
☐ General Practitioner   ☐ Public Health   ☐ None
☐ Internist   ☐ Sports medicine   ☐ Other (specify): _____

3A. School dentist hours:
Approximately how many *hours of service per year* do school dentists provide to your district? _____ Hours

3B. Who funds your school dentist? (skip this question if you don't have a school dentist)
    ☐ Board of Health   ☐ Contractual   ☐ ESHS Contract   ☐ School Budget

4. Educational Level of RN School Nurses:
- Count *FTEs* (and fractional FTEs)*,* not individuals*,* at each educational level.
- Include only school nurses *licensed as RNs* in this section (no LPNs, etc).
- Count the Nurse Leader separately in Column B; do not include the Nurse Leader in Column A
- For each school nurse, count only the *highest* educational credential obtained (i.e., count each nurse in only *one* category).
- In this section, consider educational degrees only, not professional credentials or certifications.

Educational Level Achieved	A. School Nurses (RNs) (number of FTEs in each category; count *highest* degree only)	B. Nurse Leader (check 🗏 only one, the *highest* degree obtained)
Diploma		
1 Diploma RN		
Associate Degree		
2 AD		
3 AA or other Associates degree		
Bachelor's Degree		
4 BSN		
5 BS, BA or other Bachelor's degree		
Advanced Degree		
6 MSN		
7 MPH		
8 MEd		
9 MS, MA, or other Master's degree		
10 Doctoral (DNS, EdD, PhD, etc.)		
Other		
11 (explain:_____)		

Comments on staffing issues:_____
_____

Section III: Performance Measures

Tobacco

1. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes; add comments only in the *Comments* space provided below.).

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. District-wide tobacco-free school policy	1	2	3	
B. Enforcement procedures for tobacco-free school policy	1	2	3	
C. K-12 CHE** curriculum including tobacco prevention ed	1	2	3	
D. Target goals for reduction in student tobacco use	1	2	3	
E. Tobacco cessation program	1	2	3	
F. Evaluation plan for tobacco cessation program	1	2	3	
G. Parent education program	1	2	3	
H. Peer leadership program	1	2	3	
I. Student support program	1	2	3	
J. Teacher training program	1	2	3	
K. Participation in child/adol community health initiative	1	2	3	
L. Participation in local CHNA***	1	2	3	

* Write "N/A" if not applicable. ** Comprehensive health education. *** Community Health Network Area.

Linkages to Primary Care and Health Insurance Providers

2. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Identification of student PCPs and insurance providers	1	2	3	
B. Referral of students without primary care to PCPs	1	2	3	
C. Referral of eligible students to CMSP** or Mass Health	1	2	3	
D. (C) Coordination w/regional PCPs & insurance providers	1	2	3	

* Write "N/A" for "Year" if not applicable.   ** Children's Medical Security Plan
Items marked (C) *are applicable only to districts in the ESHS with Consultation program (not those in the regular ESHS program).*

Comments: _____

_____

Health Services Program Infrastructure

3. Number of Health Advisory Committee meetings during *just-completed* school year: _____

4. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes; add comments only in the *Comments* section provided below.)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Annual health policy review process	1	2	3	
B. Building emergency plans (all)	1	2	3	
C. Building-level interdisc team mtgs on at-risk students	1	2	3	
D. District emergency plan	1	2	3	
E. Full-time nursing leader or supervisor (BSN)	1	2	3	
F. Health services staffing plan	1	2	3	
G. IHCPs for all students with special health care needs	1	2	3	
H. Job descriptions for all health services staff	1	2	3	
I. Marketing brochure on CHE** including health services	1	2	3	
J. Med admin plans for all studs on meds during school day	1	2	3	
K. Participation in state-wide meetings of nurse leaders	1	2	3	
L. Plan for monitoring attend/dismiss rates of IHCP students	1	2	3	
M. Plan for sharing student health information w/ community	1	2	3	
N. Plan for sharing "successful strategies" w/ other districts	1	2	3	
O. Plan for collaboration w/ school-based health centers*	1	2	3	
P. Plan for coordination betw CHE** and health serv prgms	1	2	3	
Q. Student support group besides tobacco	1	2	3	
R. Student support program with ongoing nurse participat'n	1	2	3	

* Write "N/A" if not applicable.   ** Comprehensive health education

Comments:_____

_____

_____

MIS Development

5. *Current* status of RFR performance measure (Please do not write comments *inside* the data boxes)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	**In Process**	**In Place**	
A. **Annual program data reports**	1	2	3	
B. **Computerized student health records**	1	2	3	
C. **Computerized student immunization records**	1	2	3	
D. **Data reports for school staff and agencies**	1	2	3	
E. **Integrat'n of student health data w/ admin info systems**	1	2	3	
F. **Ongoing data presentations to school committee**	1	2	3	

* Write "N/A" for "Year" if not applicable.

Program Quality Improvement and Evaluation

6. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	**In Process**	**In Place**	
A. **Formula for calculating cost per student health encounter**	1	2	3	
B. **Plan for evaluating nurse-managed health care delivery**	1	2	3	
C. **Student health status improvement measure selected**	1	2	3	

* Write "N/A" for "Year" if not applicable.

Oral Health

7. Current Status of the following RFR performance measures:

ORAL HEALTH PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	**In Process**	**In Place**	
A. **Review of vending machines, school activities, and food services with the goal of reducing sugar and starch intake**	1	2	3	
B. **Implementation of guidelines to ensure mouth-guard use in relevant contact sports**	1	2	3	
C. **School-based dental sealant program**	1	2	3	

Cardiovascular Health

8. Number of school buildings in your district. . .

        a) <u>without any</u> on-site Automated External Defibrillators (AEDs):   _____

        b) with <u>one</u> on-site AED: _____

        c) with <u>more than one</u> on-site AED: _____

        d) with an <u>unknown</u> number of on-site AEDs: _____

(Please do not overlook any buildings. The total of a, b, c, and d above should equal the total number of school buildings in your district)

Comments (Optional)

9. Please provide additional comments about your data and/or current health services activities that we should know about (including *unexpected* successes and barriers to implementation). Attach additional paper if needed.

General Guidelines

Overview
This report tracks aspects of your district's health services program that tend to change or occur less frequently than those associated with the Monthly Activities Report. To ensure the accuracy and validity of your data, we *strongly recommend that all school staff involved in the collection process maintain a program log for documenting information pertinent to this report*, including updates in policies and procedures, numbers of students surveyed, etc.

Reports are required of all districts in the regular ESHS program and both the lead and recipient districts in the ESHS-Consultation program.

The deadline for submitting completed Status Reports to MDPH is July 15.

Recipient districts in the Consultation Program should send the completed report to the *designated contact person from the lead district* so that the contact person is able to meet the MDPH deadline. The contact person must submit all reports (for lead and recipient districts) to MDPH in one package

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Data Entry Instructions
- Do not leave any items blank.
- Enter "**0**" for responses that are zero.
- Enter "**DK**" (don't know) for responses that you have absolutely no way of retrieving.
- Enter "**N/A**" when responses are not applicable.

Status of RFR Performance Measures (Section III)

Indicate the status for each RFR measure using the following definitions:
Not In Place: Use if there has been *little or no* development of the policy or plan.
In Process: Use if development of the policy or plan is *well under way*, but not yet finalized or fully implemented.
In Place: Use only if the policy or plan has been *completely* developed and implemented and meets all required specifications.

Please refer to the RFR for more information about the various Performance Measures described on the form.